Resolution # \log -\

WHEREAS, County policies and procedures require both the assigned oversight committee and the Finance Committee to approve all requests to apply for grants from Federal and State agencies, as well as grants from all other entities; and,

WHEREAS, County policies and procedures require that the acceptance of grants of \$30,000 or more must be approved by the full County Board;

| WHEREAS, the Department of Court Services Wishes to appl |
|---|
| or and accept an a grant from Illinois Department of Human Services |
| For the Juvenile Redeploy Illinois program in the amount of |
| approximately \$300,000.00; and |
| WHEREAS, this grant will allow Court Services to provide resources/services to youths and their families in order to reduce the number of DoJJ commitments; and |
| WHEREAS, as documented by the approval of this resolution, Court Services |
| Committee and the Finance Committee have approved th |
| Department's request to apply for the |
| luvenile Redeploy Illinois grant and the committees recommend that th |
| County Board approve the acceptance of this grant, if awarded by Illinois Department of Human Services |
| NOW, THEREFORE, BE IT RESOLVED that the Sangamon County Board, in session this |
| day of March , 2021 , approves the acceptance of th |
| uvenile Redeploy Illinois grant, which is detailed above, if the grant i |
| warded to the County by Illinois Department of Human Services |
| The County Administrator is authorized to sign required grant documents to execute the greement for this grant. |
| ATTEST: |
| County Clerk Chairman, Sangamon County Board |
| pproved by the Court Services Committee, |
| pproved by the Finance Committee, Chairman |
| r l L L L L L L L L L L L L L L L L L L |
| MAR 0 5 2021 , Chairman |



SANGAMON COUNTY - GRANT APPROVAL FORM

| Requesting Department: Court Service | es | Marin 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (| |
|---|---------------------------------|---|--------------------------|
| Grant Program Title: Juvenile Redepl | oy Illinois | | |
| This request is for: 🗷 a new grant 📗 |] renewal or extension of an ex | kisting grant | |
| Grantor: Illinois Department of Huma | n Services | | |
| Brief description of the grant program a | and its benefits to Sangamon C | County: | |
| We will be utilizing grant funds to proof DoJJ commitments in Sangamon | | rouths and their families in ord | der to reduce the number |
| Anticipated Grant Revenue Amount:: | \$300,000.00 | _ | |
| Are matching funds required? | Yes 🗷 No | | |
| If yes, please state the amount and th | e source of matching funds: | | |
| N/A | | | |
| If this grant is approved, will any new per lif Yes, please indicate the number and N/A Are there any indirect costs or legal requirements to continue specific program. | d cost of personnel: | | on existing staff, |
| If Yes, please provide details. Include | attachment if needed: | | <u></u> |
| | | | |
| | Current FY | Current FY + 1 | Current FY + 2 |
| Number of Employees | | | |
| Personnel Costs (in dollars) | | | |
| Fringe Benefit Cost | | | |
| Other Costs (Equipment, etc) | | | |
| Fotal Cost | | | |
| Requested by: | (Department Head Signature) | | Date: 2(4/21) |

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MAR 01 2021

And**y Gole**man SANGAMON COUNTY AUDITOR